

## Union Calendar No. 41

110TH CONGRESS  
1ST SESSION

# H. R. 477

[Report No. 110–75]

To amend the Public Health Service Act to strengthen education, prevention, and treatment programs relating to stroke, and for other purposes.

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### IN THE HOUSE OF REPRESENTATIVES

JANUARY 16, 2007

Mrs. CAPPS (for herself and Mr. PICKERING) introduced the following bill;  
which was referred to the Committee on Energy and Commerce

MARCH 27, 2007

Additional sponsors: Ms. SLAUGHTER, Mr. TAYLOR, Mr. HINOJOSA, Mr. JEFFERSON, Mr. McNULTY, Mr. MOORE of Kansas, Ms. SCHAKOWSKY, Ms. NORTON, Mr. WAXMAN, Mr. UDALL of New Mexico, Mr. LEWIS of Georgia, Mr. COBLE, Mr. McCOTTER, Ms. BORDALLO, Mr. CLEAVER, Mr. ENGEL, Mr. CLAY, Mrs. DAVIS of California, Mr. GENE GREEN of Texas, Mr. ABERCROMBIE, Mr. GONZALEZ, Mr. ALLEN, Mr. TERRY, Mr. LYNCH, Mr. GEORGE MILLER of California, Mr. GRIJALVA, Mr. GORDON of Tennessee, Mr. WEXLER, Mr. MCGOVERN, Mr. KENNEDY, Mr. WEINER, Mr. LANTOS, Mrs. JONES of Ohio, Mr. PAYNE, Mr. PLATTS, Mr. GERLACH, Mr. JOHNSON of Georgia, Mr. MATHESON, Mr. LANGEVIN, Mr. WYNN, Mr. BOUCHER, Mr. BOREN, Mr. SERRANO, Mr. TANNER, Mr. MCINTYRE, Ms. WOOLSEY, Mr. CASTLE, Mr. DUNCAN, Ms. SUTTON, Mr. ROSS, Mr. FOSSELLA, Mr. McDERMOTT, Mr. HALL of Texas, Mr. CUMMINGS, Mr. AL GREEN of Texas, Mr. SHIMKUS, Mr. YOUNG of Alaska, Mr. FARR, Mr. KING of New York, Ms. JACKSON-LEE of Texas, Mr. OBERSTAR, Ms. HIRONO, Mr. ETHERIDGE, Mr. CRAMER, Mr. UDALL of Colorado, Ms. HOOLEY, Mr. TOWNS, Mr. EMANUEL, Ms. ESHOO, Mr. WALSH of New York, Mr. MILLER of North Carolina, Mr. BRADY of Pennsylvania, Mr. KNOLLENBERG, Mr. COHEN, Mr. REYES, Ms. CARSON, Mr. HILL, Mr. BOSWELL, Mr. HINCHEY, Mr. PASCRELL, Mr. DAVIS of Alabama, Mr. YOUNG of Florida, Mr. WALDEN of Oregon, Ms. LINDA T. SÁNCHEZ of California, Ms. MCCOLLUM of Minnesota, Mr. JINDAL, and Mr. YARMUTH

MARCH 27, 2007

Reported with amendments, committed to the Committee of the Whole House  
on the State of the Union, and ordered to be printed

[Omit the part struck through and insert the part printed in *italic*]

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## A BILL

To amend the Public Health Service Act to strengthen education, prevention, and treatment programs relating to stroke, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

### 3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Stroke Treatment and  
5 Ongoing Prevention Act”.

### 6 **SEC. 2. AMENDMENTS TO PUBLIC HEALTH SERVICE ACT** 7 **REGARDING STROKE PROGRAMS.**

8 (a) STROKE EDUCATION AND INFORMATION PRO-  
9 GRAMS.—Title III of the Public Health Service Act (42  
10 U.S.C. 241 et seq.) is amended by adding at the end the  
11 following:

### 12 **“PART ~~R~~ S—STROKE EDUCATION, INFORMATION,** 13 **AND DATA COLLECTION PROGRAMS**

### 14 **“SEC. ~~399AA~~ 399FF. STROKE PREVENTION AND EDUCATION** 15 **CAMPAIGN.**

16 “(a) IN GENERAL.—The Secretary shall carry out an  
17 education and information campaign to promote stroke

1 prevention and increase the number of stroke patients who  
2 seek immediate treatment.

3 “(b) AUTHORIZED ACTIVITIES.—In implementing the  
4 education and information campaign under subsection (a),  
5 the Secretary may—

6 “(1) make public service announcements about  
7 the warning signs of stroke and the importance of  
8 treating stroke as a medical emergency;

9 “(2) provide education regarding ways to pre-  
10 vent stroke and the effectiveness of stroke treat-  
11 ment; and

12 “(3) carry out other activities that the Sec-  
13 retary determines will promote prevention practices  
14 among the general public and increase the number  
15 of stroke patients who seek immediate care.

16 “(c) MEASUREMENTS.—In implementing the edu-  
17 cation and information campaign under subsection (a), the  
18 Secretary shall—

19 “(1) measure public awareness before the start  
20 of the campaign to provide baseline data that will be  
21 used to evaluate the effectiveness of the public  
22 awareness efforts;

23 “(2) establish quantitative benchmarks to meas-  
24 ure the impact of the campaign over time; and

1           “(3) measure the impact of the campaign not  
 2           less than once every 2 years or, if determined appro-  
 3           priate by the Secretary, at shorter intervals.

4           “(d) NO DUPLICATION OF EFFORT.—In carrying out  
 5 this section, the Secretary shall avoid duplicating existing  
 6 stroke education efforts by other Federal Government  
 7 agencies.

8           “(e) CONSULTATION.—In carrying out this section,  
 9 the Secretary may consult with organizations and individ-  
 10 uals with expertise in stroke prevention, diagnosis, treat-  
 11 ment, and rehabilitation.

12   **“SEC. ~~399BB~~ 399GG. PAUL COVERDELL NATIONAL ACUTE**  
 13                           **STROKE REGISTRY AND CLEARINGHOUSE.**

14           “The Secretary, acting through the Centers for Dis-  
 15 ease Control and Prevention, shall maintain the Paul  
 16 Coverdell National Acute Stroke Registry and Clearing-  
 17 house by—

18           “(1) continuing to develop and collect specific  
 19 data points and appropriate benchmarks for ana-  
 20 lyzing care of acute stroke patients;

21           “(2) collecting, compiling, and disseminating in-  
 22 formation on the achievements of, and problems ex-  
 23 perience by, State and local agencies and private  
 24 entities in developing and implementing emergency

1 medical systems and hospital-based quality of care  
 2 interventions; and

3 “(3) carrying out any other activities the Sec-  
 4 retary determines to be useful to maintain the Paul  
 5 Coverdell National Acute Stroke Registry and Clear-  
 6 inghouse to reflect the latest advances in all forms  
 7 of stroke care.

8 **“SEC. ~~399CC~~ 399HH. STROKE DEFINITION.**

9 “For purposes of this part, the term ‘stroke’ means  
 10 a ‘brain attack’ in which blood flow to the brain is inter-  
 11 rupted or in which a blood vessel or aneurysm in the brain  
 12 breaks or ruptures.

13 **“SEC. ~~399DD~~ 399II. AUTHORIZATION OF APPROPRIATIONS.**

14 “There is authorized to be appropriated to carry out  
 15 this part \$5,000,000 for each of fiscal years 2008 through  
 16 2012.”.

17 (b) EMERGENCY MEDICAL PROFESSIONAL DEVELOP-  
 18 MENT.—Section 1251 of the Public Health Service Act  
 19 (42 U.S.C. 300d–51) is amended to read as follows:

20 **“SEC. 1251. MEDICAL PROFESSIONAL DEVELOPMENT IN AD-  
 21 VANCED STROKE AND TRAUMATIC INJURY  
 22 TREATMENT AND PREVENTION.**

23 “(a) RESIDENCY AND OTHER PROFESSIONAL TRAIN-  
 24 ING.—The Secretary may make grants to public and non-  
 25 profit entities for the purpose of planning, developing, and

1 enhancing approved residency training programs and  
2 other professional training for appropriate health profes-  
3 sions in emergency medicine, including emergency medical  
4 services professionals, to improve stroke and traumatic in-  
5 jury prevention, diagnosis, treatment, and rehabilitation.

6 “(b) CONTINUING EDUCATION ON STROKE AND  
7 TRAUMATIC INJURY.—

8 “(1) GRANTS.—The Secretary, acting through  
9 the Administrator of the Health Resources and Serv-  
10 ices Administration, may make grants to qualified  
11 entities for the development and implementation of  
12 education programs for appropriate health care pro-  
13 fessionals in the use of newly developed diagnostic  
14 approaches, technologies, and therapies for health  
15 professionals involved in the prevention, diagnosis,  
16 treatment, and rehabilitation of stroke or traumatic  
17 injury.

18 “(2) DISTRIBUTION OF GRANTS.—In awarding  
19 grants under this subsection, the Secretary shall give  
20 preference to qualified entities that will train health  
21 care professionals that serve areas with a significant  
22 incidence of stroke or traumatic injuries.

23 “(3) APPLICATION.—A qualified entity desiring  
24 a grant under this subsection shall submit to the  
25 Secretary an application at such time, in such man-

1       ner, and containing such information as the Sec-  
2       retary may require, including a plan for the rigorous  
3       evaluation of activities carried out with amounts re-  
4       ceived under the grant.

5               “(4) DEFINITIONS.—For purposes of this sub-  
6       section:

7                       “(A) The term ‘qualified entity’ means a  
8       consortium of public and private entities, such  
9       as universities, academic medical centers, hos-  
10      pitals, and emergency medical systems that are  
11      coordinating education activities among pro-  
12      viders serving in a variety of medical settings.

13                      “(B) The term ‘stroke’ means a ‘brain at-  
14      tack’ in which blood flow to the brain is inter-  
15      rupted or in which a blood vessel or aneurysm  
16      in the brain breaks or ruptures.

17               “(c) REPORT.—Not later than 1 year after the alloca-  
18      tion of grants under this section, the Secretary shall sub-  
19      mit to the Committee on Health, Education, Labor, and  
20      Pensions of the Senate and the Committee on Energy and  
21      Commerce of the House of Representatives a report on  
22      the results of activities carried out with amounts received  
23      under this section.

24               “(d) AUTHORIZATION OF APPROPRIATIONS.—There  
25      is authorized to be appropriated to carry out this section

1 \$4,000,000 for each of fiscal years 2008 through 2012.  
2 The Secretary shall equitably allocate the funds author-  
3 ized to be appropriated under this section between efforts  
4 to address stroke and efforts to address traumatic in-  
5 jury.”.

6 **SEC. 3. PILOT PROJECT ON TELEHEALTH STROKE TREAT-**  
7 **MENT.**

8 (a) ESTABLISHMENT.—Part D of title III of the Pub-  
9 lic Health Service Act (42 U.S.C. 254b et seq.) is amended  
10 by inserting after section 330L the following:

11 **“SEC. 330M. TELEHEALTH STROKE TREATMENT GRANT**  
12 **PROGRAM.**

13 “(a) GRANTS.—The Secretary may make grants to  
14 States, and to consortia of public and private entities lo-  
15 cated in any State that is not a grantee under this section,  
16 to conduct a 5-year pilot project over the period of fiscal  
17 years 2008 through 2012 to improve stroke patient out-  
18 comes by coordinating health care delivery through tele-  
19 health networks.

20 “(b) ADMINISTRATION.—The Secretary shall admin-  
21 ister this section through the Director of the Office for  
22 the Advancement of Telehealth.

23 “(c) CONSULTATION.—In carrying out this section,  
24 for the purpose of better coordinating program activities,  
25 the Secretary shall consult with—



1           “(1) officials responsible for other Federal pro-  
2           grams involving stroke research and care, including  
3           such programs established by the Stroke Treatment  
4           and Ongoing Prevention Act; and

5           “(2) organizations and individuals with exper-  
6           tise in stroke prevention, diagnosis, treatment, and  
7           rehabilitation.

8           “(d) USE OF FUNDS.—

9           “(1) IN GENERAL.—The Secretary may not  
10          make a grant to a State or a consortium under this  
11          section unless the State or consortium agrees to use  
12          the grant for the purpose of—

13               “(A) identifying entities with expertise in  
14               the delivery of high-quality stroke prevention,  
15               diagnosis, treatment, and rehabilitation;

16               “(B) working with those entities to estab-  
17               lish or improve telehealth networks to provide  
18               stroke treatment assistance and resources to  
19               health care professionals, hospitals, and other  
20               individuals and entities that serve stroke pa-  
21               tients;

22               “(C) informing emergency medical systems  
23               of the location of entities identified under sub-  
24               paragraph (A) to facilitate the appropriate  
25               transport of individuals with stroke symptoms;

1           “(D) establishing networks to coordinate  
2           collaborative activities for stroke prevention, di-  
3           agnosis, treatment, and rehabilitation;

4           “(E) improving access to high-quality  
5           stroke care, especially for populations with a  
6           shortage of stroke care specialists and popu-  
7           lations with a high incidence of stroke; and

8           “(F) conducting ongoing performance and  
9           quality evaluations to identify collaborative ac-  
10          tivities that improve clinical outcomes for stroke  
11          patients.

12          “(2) ESTABLISHMENT OF CONSORTIUM.—The  
13          Secretary may not make a grant to a State under  
14          this section unless the State agrees to establish a  
15          consortium of public and private entities, including  
16          universities and academic medical centers, to carry  
17          out the activities described in paragraph (1).

18          “(3) PROHIBITION.—The Secretary may not  
19          make a grant under this section to a State that has  
20          an existing telehealth network that is or may be  
21          used for improving stroke prevention, diagnosis,  
22          treatment, and rehabilitation, or to a consortium lo-  
23          cated in such a State, unless the State or consor-  
24          tium agrees that—

1           “(A) the State or consortium will use an  
2           existing telehealth network to achieve the pur-  
3           pose of the grant; and

4           “(B) the State or consortium will not es-  
5           tablish a separate network for such purpose.

6           “(e) PRIORITY.—In selecting grant recipients under  
7           this section, the Secretary shall give priority to any appli-  
8           cant that submits a plan demonstrating how the applicant,  
9           and where applicable the members of the consortium de-  
10          scribed in subsection (d)(2), will use the grant to improve  
11          access to high-quality stroke care for populations with  
12          shortages of stroke-care specialists and populations with  
13          a high incidence of stroke.

14          “(f) GRANT PERIOD.—The Secretary may not award  
15          a grant to a State or a consortium under this section for  
16          any period that—

17                 “(1) is greater than 3 years; or

18                 “(2) extends beyond the end of fiscal year  
19          2012.

20          “(g) RESTRICTION ON NUMBER OF GRANTS.—In  
21          carrying out the 5-year pilot project under this section,  
22          the Secretary may not award more than 7 grants.

23          “(h) APPLICATION.—To seek a grant under this sec-  
24          tion, a State or a consortium of public and private entities  
25          shall submit an application to the Secretary in such form,

1 in such manner, and containing such information as the  
2 Secretary may require. At a minimum, the Secretary shall  
3 require each such application to outline how the State or  
4 consortium will establish baseline measures and bench-  
5 marks to evaluate program outcomes.

6 “(i) DEFINITION.—In this section, the term ‘stroke’  
7 means a ‘brain attack’ in which blood flow to the brain  
8 is interrupted or in which a blood vessel or aneurysm in  
9 the brain breaks or ruptures.

10 “(j) AUTHORIZATION OF APPROPRIATIONS.—There  
11 are authorized to be appropriated to carry out this section  
12 \$10,000,000 for fiscal year 2008, \$13,000,000 for fiscal  
13 year 2009, \$15,000,000 for fiscal year 2010, \$8,000,000  
14 for fiscal year 2011, and \$4,000,000 for fiscal year  
15 2012.”.

16 (b) STUDY; REPORTS.—

17 (1) FINAL REPORT.—Not later than March 31,  
18 2013, the Secretary of Health and Human Services  
19 shall conduct a study of the results of the telehealth  
20 stroke treatment grant program under section 330M  
21 of the Public Health Service Act (added by sub-  
22 section (a)) and submit to the Congress a report on  
23 such results that includes the following:

1 (A) An evaluation of the grant program  
2 outcomes, including quantitative analysis of  
3 baseline and benchmark measures.

4 (B) Recommendations on how to promote  
5 stroke networks in ways that improve access to  
6 clinical care in rural and urban areas and re-  
7 duce the incidence of stroke and the debilitating  
8 and costly complications resulting from stroke.

9 (C) Recommendations on whether similar  
10 telehealth grant programs could be used to im-  
11 prove patient outcomes in other public health  
12 areas.

13 (2) INTERIM REPORTS.—The Secretary of  
14 Health and Human Services may provide interim re-  
15 ports to the Congress on the telehealth stroke treat-  
16 ment grant program under section 330M of the  
17 Public Health Service Act (added by subsection (a))  
18 at such intervals as the Secretary determines to be  
19 appropriate.

20 **SEC. 4. RULE OF CONSTRUCTION.**

21 Nothing in this Act shall be construed to authorize  
22 the Secretary of Health and Human Services to establish  
23 Federal standards for the treatment of patients or the li-  
24 censure of health care professionals.

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[Report No. 110-75]

**A BILL**

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Reported with amendments, committed to the Committee of the Whole House on the State of the Union, and ordered to be printed